

## Abstinence

*I find that a number of clients who come to the clinic are in relationships that involve significant periods of abstinence. I make certain that I encourage couples who abstain. Abstinence, with back-up contraception or protection for sexually transmitted infections, is one of the most effective methods I recommend in my practice of family planning.*

Throughout history, sexual abstinence has probably reduced fertility more than any other contraceptive method.<sup>2</sup> Individuals abstain from sexual intercourse for a number of reasons. Some freely choose abstinence within a relationship; others choose it by not pursuing a mate. Some abstain because cultural practices place taboos on intercourse before marriage or postpartum. Others may have a sexual dysfunction such as impotence or severe pelvic pain, that makes intercourse difficult or impossible.

### OVERCOMING BARRIERS

For some individuals, such as the unmarried, abstinence is not only encouraged, but expected. Some other individuals, however, face significant barriers to practicing abstinence:

1. **Biases.** Providers need to overcome their biases about an abstinence. Not everyone has the same sexual needs or desires.

2. **Communication.** Couples need to communicate. Individuals who wish to abstain because of a physical problem, for example, need to tell their spouses. Fear of an unwanted pregnancy also needs to be communicated.
3. **Myths.** The mythologies about abstinence are not true: those who practice abstinence do not “dry up,” are not necessarily uncaring, and are not abnormal simply because they choose to abstain.
4. **Expectations.** Cultural and familial expectations that a married person must engage in sexual intercourse are often strong. In some cases, couples may need to communicate about what abstinence means in their relationship—is the abstinence short term, for the duration of the postpartum period, or for the long term, as happens in cultures that expect an older woman to stop having sexual relations altogether? In other cases, where the roles of husband and wife are largely defined by the expectation of sexual intercourse, negotiations about the timing and frequency of intercourse, rather than complete abstinence, may be more successful.

## MECHANISM OF ACTION

The definition of abstinence varies according to each individual or culture. Some people define abstinence as refraining from all sexual behavior, including masturbation. Others define abstinence as refraining from any sexual behavior involving genital contact. In this chapter, abstinence is defined as refraining from vaginal or anal intercourse. Contrary to popular belief, both men and women who abstain can still be sexual. Touching—for nurture, solace, communication, simple affection—can be very sensual. Most people enjoy sexual touching, which takes a wide range of forms other than penile penetration.

## EFFECTIVENESS

When practiced perfectly, abstinence is absolutely effective. Among typical users, however, there may be a risk of pregnancy when a form of the practice allows semen to come in contact with the woman's genitalia. The risk of such contact is unknown.

## ADVANTAGES AND INDICATIONS

Abstinence protects against unintended pregnancy. When the only goal of abstinence is to avoid unwanted pregnancy, the couple can still engage in other forms of sexual expression, except for penis-in-vagina intercourse or practices that would allow semen to come in contact with the woman's genitalia.

Abstinence, in some variations, can also protect against sexually transmitted infections (STIs). Couples need to avoid practices that bring the partner in contact with body fluids such as pre-ejaculatory fluid, semen, cervical-vaginal secretions, blood, or open sores.

At times, a medical condition may require abstinence:

- Postoperative pain or tenderness, such as from episiotomy, hemorrhoidectomy, vasectomy, other procedures
- Pelvic, vaginal, or urinary tract infection
- Gastrointestinal illness or infection
- Painful intercourse (dyspareunia) or other pelvic pain
- Undiagnosed postcoital bleeding
- Untreated postmenopausal atrophic vaginitis
- The woman in the late third trimester of pregnancy, postpartum, or postabortion
- Postmyocardial infarction
- Certain disabling physical conditions
- Known or suspected allergic sensitivity to partner's semen

- The man or woman (or both) is undergoing therapy for a variety of sexual problems, such as erection difficulty, orgasm difficulty, or premature ejaculation

Other reasons for abstaining are personal. Individuals may abstain to observe religious holidays, to pursue other aspects of a relationship, to remain faithful to a spouse who is absent, to mourn the death of a spouse, or any other reasons. Abstinence is a normal choice that practitioners can support through encouragement.

## POSTPARTUM ABSTINENCE

In sub-Saharan Africa, abstinence has long been associated with the postpartum period. The purposes of postpartum abstinence in many cultures were to protect the newborn infant, because semen was thought to spoil the mother's milk, and to protect the mother during a period of recuperation. Many African populations considered abstinence not as a means for spacing, but as a way of purifying the mother's milk.

Over time, reliance on postpartum abstinence has eroded.<sup>3-5</sup> The taboos against intercourse have been reduced. Postpartum abstinence may soon disappear as a means to decrease fertility.<sup>5</sup>

The duration of abstinence among women varies by regional and cultural practice. In Togo and Ghana, for example, where polygyny (the husband has more than one wife) is common, the period of postpartum abstinence may last several months to more than a year. A study in Zaire found postpartum abstinence to be practiced longer by women who were poor and less educated, had a large number of children, breastfed for a long time, or lived in an urban area.<sup>3</sup> The median length of postpartum abstinence in a number of African nations is shown in Table 20:1.

Postpartum abstinence actually doubles protection against pregnancy, because it occurs at the same time that the woman has reduced fertility from amenorrhea associated with breastfeeding.<sup>7</sup> (See Chapter 12 on Lactation and Postpartum Contraception.) In some areas of

Africa, however, a declining use of postpartum abstinence not accompanied by an increase in the use of modern contraceptives could mean that many infants are prematurely weaned because of the mother's new pregnancy.<sup>5</sup>

Table 20:1 Mean duration of postpartum abstinence

<b>Country</b>	<b>Year</b>	<b>Months</b>
Burkina Faso	1993	19
Cameroon	1991	13
Central African Republic	1994-95	10
Cote d'Ivoire	1994	12
Ghana	1993	9
Kenya	1993	3
Madagascar	1993	4
Mali	1995-1996	3
Namibia	1995-1996	6
Niger	1992	2
Nigeria	1990	11
Rwanda	1992	<1
Senegal	1997	3
Sudan	1989-1990	5
Tanzania	1996	6
Tunisia	1988	3
Uganda	1995	2
Zambia	1996	5
Zimbabwe	1994	4

Source: Data from the Demographic and Health Surveys

## PREMARITAL ABSTINENCE

In many areas, an unmarried woman is expected to avoid sexual intercourse. Nonetheless, many African women do have intercourse before marriage.<sup>1</sup> As many as 60% of unmarried adolescent women in Botswana, 46% in Liberia, 50% in Kenya, and 44% in Senegal report having had sexual experience. Still, remains high in other regions, such as Burundi (91%), Zimbabwe (68%), and Namibia (65%).

Premarital abstinence among unmarried men is encouraged in some cultures but not in others. Clearly, if both men and women were expected to abstain before marriage, it would be easier for unmarried couples to practice abstinence. (See Chapter 4 on Adolescent Women and Reproductive Health.)

## DISADVANTAGES AND CAUTIONS

Abstinence has few disadvantages. The primary disadvantage occurs when one partner wants to be abstinent but the other does not. Because in most cultures married couples are expected to have sexual intercourse, spouses may believe their partner does not have the right to abstain. The partner who wants to be abstinent may have to engage in sexual intercourse anyway or suffer the spouse's anger, the threat of divorce, or a partner's extramarital affair.

## PROVIDING CARE TO THE ABSTINENT CLIENT

The provider can support a couple's or individual's choice to abstain. For many people, abstinence is a temporary practice that ceases once an individual's or couple's situation changes. Thus, the provider should educate all abstinent persons about the other methods of birth control and safer sex, including:

- Effective non-prescription methods
- Sources for prescription methods
- Emergency contraception
- STI protection skills to avoid contact with body fluids or open sores on the genitals (See Chapter 16 on Condoms and Chapter 5 on HIV, AIDS, and Reproductive Health.)

## INSTRUCTIONS FOR CLIENTS USING ABSTINENCE

1. Decide what you want to do about sex at a time when you are clear headed, sober, and feel good about yourself. If you have a partner, decide together at a time when you feel close to each other but not sexual. For example, try talking while you take a walk and hold hands.
2. Decide in advance what sexual activities you will say "yes" to and discuss these with your partner.
3. Tell your partner, very clearly and in advance—not at the last minute—what activities you will not do.
4. Avoid high-pressure sexual situations; stay sober.
5. Learn about birth control and safer sex so that you will be ready if you change your mind. Always keep condoms around. Always.
7. Learn about emergency birth control options and keep a supply available in case you have intercourse when you do not expect it.

## REFERENCES

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